



COUNTY OF FAIRFAX
Department of Planning and Zoning
Zoning Evaluation Division
 12055 Government Center Parkway, Suite 801
 Fairfax, VA 22035 (703) 324-1290, TTY 711
www.fairfaxcounty.gov/dpz/zoning/applications

APPLICATION No: SP 2014-MV-083
 (Staff will assign)

RECEIVED
 Department of Planning & Zoning

MAR 04 2014

Zoning Evaluation Division

APPLICATION FOR A SPECIAL PERMIT
 (PLEASE TYPE or PRINT IN BLACK INK)

APPLICANT	NAME <u>NICOLE FERGUSON</u>	
	MAILING ADDRESS <u>7892 STEADMAN ST, ALEXANDRIA VA 22309</u>	
	PHONE HOME (703) <u>780-2719</u> WORK ()	
	PHONE MOBILE (703) <u>362-8207</u> EMAIL <u>QUEREC MAMAN 1 @ H1 MAIL.COM</u>	
PROPERTY INFORMATION	PROPERTY ADDRESS <u>7892 STEADMAN ST ALEXANDRIA VA 22309</u>	
	TAX MAP NO. <u>1011 05240003</u>	SIZE (ACRES/SQ FT) <u>8,400</u>
	ZONING DISTRICT <u>R-3C</u>	MAGISTERIAL DISTRICT <u>MT VERNON</u>
	PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION: <u>N/A</u>	
SPECIAL PERMIT REQUEST INFORMATION	ZONING ORDINANCE SECTION <u>8-305</u>	
	PROPOSED USE <u>HOME CHILD CARE FACILITY</u>	
AGENT/CONTACT INFORMATION	NAME <u>N/A</u>	
	MAILING ADDRESS <u>N/A</u>	
	PHONE HOME () <u>N/A</u> WORK () <u>N/A</u>	
	PHONE MOBILE () <u>N/A</u> EMAIL <u>N/A</u>	
MAILING	Send all correspondence to (check one): <input checked="" type="checkbox"/> Applicant -or- <input type="checkbox"/> Agent/Contact	
<p>The name(s) and addresses of owner(s) of record shall be provided on the affidavit form attached and made part of this application. The undersigned has the power to authorize and does hereby authorize Fairfax County staff representatives on official business to enter the subject property as necessary to process the application.</p> <p><u>NICOLE FERGUSON</u> TYPE/PRINT NAME OF APPLICANT/AGENT</p> <p><u>Nicole Ferguson</u> SIGNATURE OF APPLICANT/AGENT</p>		

DO NOT WRITE IN THIS SPACE

Date Application accepted: May 28, 2014 Application Fee Paid: \$ 435.00